

North Carolina Department of Health and Human Services (DHHS)
Advanced Medical Home Technical Advisory Group Data Subcommittee Meeting #2
August 21, 2019

Meeting Attendees	Organization
<i>AMH TAG Data Subcommittee Members, Designees, North Carolina DHHS, and Manatt Project Team</i>	
Adam LoCasale	AmeriHealth Caritas North Carolina, Inc.
Seth Morris	Blue Cross and Blue Shield of North Carolina
Carla Slack	Blue Cross and Blue Shield of North Carolina
Stephanie Boschenreither	Carolina Complete Health, Inc.
Amy Friedman	Carolina Complete Health, Inc.
Donetta Godwin	Carolina Complete Health, Inc.
Peter Bird	Carolina Complete Health, Inc.
Julia Ghurtskaia	Carolina Complete Health, Inc.
Barbara Williams (<i>by phone</i>)	Carolina Complete Health, Inc.
Mark Massing (<i>by phone</i>)	Carolina Medical Home Network
Kristen Dubay (<i>by phone</i>)	Carolina Medical Home Network
Lauren Lowery (<i>by phone</i>)	Carolina Medical Home Network
Chris Danzi	Carolinas Physician Alliance (Atrium)
Jason Durham (<i>by phone</i>)	Carolinas Physician Alliance (Atrium)
Anna Boone	Community Care Physician Network (CCPN)
Carlos Jackson	CCPN
Christoph Diasio	CCPN
Greg Adams (<i>by phone</i>)	CCPN
Mary Schilder	Duke
Tara Kinard	Duke
Brad Horling (<i>by phone</i>)	Emtiro Health
Ryan Maccubbin	Mission Health Partners
Shaun McDonald	UNC Alliance Network
Cybele Kanin (<i>by phone</i>)	United Healthcare of North Carolina, Inc.
Michael Rogers	UnitedHealthcare of North Carolina, Inc.
Nathan Barbur	WellCare of North Carolina, Inc.
Jagruti Ajvalia	WellCare of North Carolina, Inc.
Kelly Crosbie	DHHS
Jessie Tenenbaum	DHHS
Vinay Kancharla (<i>absent</i>)	DHHS
Amanda Van Vleet	DHHS
Kelsi Knick	DHHS
Jaimica Wilkins	DHHS
Aaron McKethan	Advisor to the State
Vikas Gupta	Accenture
Jonah Frohlich (<i>by phone</i>)	Manatt Health Strategies
Lammot du Pont	Manatt Health Strategies
Edith Stowe	Manatt Health Strategies
Adam Striar (<i>by phone</i>)	Manatt Health Strategies
Bardia Nabet	Manatt Health Strategies

Umayr Hassan	Nuna
<i>Public Attendees</i>	
Kana Ferguson <i>(by phone)</i>	Centene
Chuck Manternach <i>(by phone)</i>	Centene
Phuong Tran <i>(by phone)</i>	Centene
Leann Richard <i>(by phone)</i>	Gaston Family Health Services
Ted Rooney <i>(by phone)</i>	Health and Work Outcomes
Ashley Reinhardt <i>(by phone)</i>	i2i Population Health
Eunice Lee-Ahn <i>(by phone)</i>	Legal Aid of North Carolina
Stephen Haebig <i>(by phone)</i>	N/A
Jonathan Kea <i>(by phone)</i>	North Carolina Healthcare Association
Glenn Walsh <i>(by phone)</i>	United Healthcare of North Carolina, Inc.
Andrey Chernyaev <i>(by phone)</i>	UnitedHealthcare of North Carolina, Inc.
Atha Gurganus <i>(by phone)</i>	UnitedHealthcare of North Carolina, Inc.
Wayne Godfrey <i>(by phone)</i>	Vaya Health
Paige Bennett	Wake County Government
Chris Slocum <i>(by phone)</i>	WellCare of North Carolina, Inc.

Agenda

- Welcome and Re-Introductions
- Review AMH Data Governance Approach
- Discuss Progress on Data Specifications for “High Priority” Data Topics
- Discuss Additional Data Topics
- Public Comments
- Next Steps

Please refer to the August 21st Technical Advisory Group (AMH TAG) Data Subcommittee slide deck available [here](#).

Welcome and Re-Introductions (slides 1 – 6)

Ms. Kelly Crosbie of the North Carolina Department of Health and Human Services (DHHS) convened the meeting at 10:00 am and welcomed meeting attendees. Ms. Crosbie led a rollcall of attendees participating both in person and via phone and introduced DHHS staff and advisors. Ms. Crosbie then proceeded to review the AMH Data Governance approach.

Review AMH Data Governance Approach (slides 7 – 11)

Ms. Crosbie indicated that the Department’s AMH Data Governance approach is to listen to stakeholders’ experiences, identify and define the challenges, and, discuss the value, options, considerations and costs of standardization of data that will be exchanged in support of AMH care management. In some instances, the Department has developed AMH data exchange specifications that align with national standards. For data topics that lack national standards, Ms. Crosbie noted that the Department will seek input from the Data Subcommittee and others in the field regarding if (and when) the development of more detailed formats or transmission methods would improve data transfer and care management efforts. Ms. Crosbie then asked Mr. Lammot du Pont, of Manatt Health Strategies, to describe the four step AMH Data Governance process (**slide 7**).

Mr. du Pont described the process by which the Department will support the development of specifications and guidance that facilitate the exchange of data that are critical to care management.

This AMH Data Governance process spans the following four key steps:

1. **Issue Identification:** identification of the data flows, sources, and targets.
2. **Issue Definition:** definition of key considerations, cross-cutting dependencies.
3. **Issue Resolution:** development of guidance that can be used by the data exchange participants and facilitate testing as appropriate.
4. **Ongoing Management:** monitoring of implementation, and the assessment and enforcement of compliance as applicable.

Mr. du Pont then provided a summary of the data flows and accountabilities for AMHs, Prepaid Health Plans (PHPs) and Clinical Integrated Networks (CINs) (**slide 8**). Mr. du Pont stressed that PHPs are accountable to the Department to meet the AMH data sharing requirements specified in their contracts with the Department. Moreover, AMHs and CINs are accountable to PHPs (and vice versa) under their individual contracts.

The Data Subcommittee then transitioned to the topic of monitoring, continuous improvement, and compliance (**slides 9 and 10**). Variations from the Department's required specifications are permitted as long as the data trading partners mutually agree to the change and document and report it to the Department. Data Subcommittee Members requested clarification on whether the Department would be interested in cataloguing all variations that are mutually agreed upon or whether the AMH and PHP would simply need to hold an agreement. Ms. Crosbie noted the Department's oversight role and ensuring compliance to the specification guidance and stressed the Department's desire to know and understand any mutually-agreed upon variations to the specifications. Ms. Crosbie indicated that the Department does not intend to review and approve the variations to the data exchange specifications but the Department will require PHPs' to document any mutually agreed upon variations. Ms. Crosbie stated that the Department will consider how best to track variations of the specifications, but hopes that PHPs and AMHs will share their experiences in the Data Subcommittee.

Mr. du Pont then discussed the Department's statewide monitoring and continuous improvement processes (**slide 9**). Monitoring is accomplished through PHP reports, as well as other sources of feedback, including the Data Subcommittee. Based on what is learned through the monitoring efforts, the Department will update guidance with input from the AMH TAG, Data Subcommittee, and others in the market. Additionally, for serious or persistent issues, the Department may use its enforcement powers under the PHP contracts for remedies (e.g., liquidated damages, etc.). Mr. du Pont stated that PHPs and AMHs should attempt to resolve any challenges through direct communications and, if unable to come to a solution, consider the standard contractual processes.

Finally, Mr. du Pont highlighted where the AMH Data Specifications were posted on the Department's website and noted that future communication of updates will depend on the nature of the modification (**slide 11**).

Discuss Progress on Data Specifications for "High Priority" Data Topics (slides 12 – 17)

Mr. du Pont highlighted the finalized specifications for beneficiary assignment and pharmacy lock-in data (**slides 13 – 14**). After discussing the key decisions made based upon feedback from the previous Data Subcommittee meeting, Members flagged other questions and issues for consideration. Mr. du Pont stated that these items were addressed in the latest file version now available on the AMH Data Specification website (found [here](#)). Members requested that the process of communicating the

specification guidance be modified such that specification guidance is posted to the AMH Data Specification Guidance website prior to being transmitted to the PHPs and subsequently distributed to AMHs/CINs.

Members also requested clarification on whether the latest file versions were the final specifications through Managed Care Launch 1 (November 1, 2019). Ms. Crosbie confirmed that the Department did not expect any changes to the file specifications, layouts or transmissions between August 21 and Managed Care Launch 1. However, the Department may provide additional clarification on the requirements and guidelines of the specifications, in order to ensure the market is able to properly transmit and ingest the required data flows.

Additionally, the Data Subcommittee requested clarification on several data issues (e.g., transmission of historical information), and suggested that the Department develop a weekly forum for PHP, CIN, and AMH testing partners to discuss and troubleshoot AMH testing issues as they approach Managed Care Launch 1. The Department agreed with the recommendation and indicated it would move forward with the scheduling of this meeting.

Mr. du Pont then discussed the Data Subcommittee's request to require PHPs to include payment amount information in the encounter data. Mr. du Pont stressed that the Department's intent to ensure that providers have appropriate and actionable financial information in support of care management. Mr. du Pont noted that the Department does not prohibit PHPs from including payment amounts in the information that they share with AMHs and CINs. Owing to potential near-term operational considerations as PHPs, AMHs, and CINs work to finalize data integration in advance of the Managed Care Launch 1 in November, the Department decided that it will not require PHPs to include payments to specific providers in the encounter data they transmit to Tier 3 AMH practices, CINs/other partners in the short term. To ensure that providers have the information they need to support participation in value-based payment (VBP) arrangements, particularly those that involve total cost of care, DHHS will engage the AMH TAG and Data Subcommittee to: 1) review the options to make actionable and appropriate financial information available; and 2) develop consensus regarding the optimal options and timeframe for moving forward (**slide 16**). In response to the Department's recommendation, Members noted the following:

- PHPs flagged that decisions to share payment information may be governed by other existing contracts with providers, even outside of Medicaid.
- PHPs also noted that in other states, they have been given the choice of receiving payment information, but the information may be scrubbed for identifiable information.
- Some PHPs expressed the ability and openness to sharing payment amount information by entering arrangements with CINs and providers.
- As a near-term approach to support the PHPs' option of providing paid claims information in the encounter files transmitted to Tier 3 AMH practices and CINs, PHPs and CINs requested that the encounter specification guidance be modified to include a field for payment amount with an indication that the PHPs' provision of paid claim amount is optional.

So as not to delay the data exchange testing efforts that were currently underway, Ms. Crosbie indicated that any decision to modify the encounter data specification guidance to include a field for paid claim amount will be made after Managed Care Launch 1 in November.

Finally, the Data Subcommittee discussed testing of the AMH data specifications and requested feedback and steps to improve the process. Members requested that updates to specifications be made

to the AMH Data Specification Guidance website, prior to being shared with PHPs and subsequently distributed to AMHs/CINs (**slide 17**). Data Subcommittee members also flagged the following topics for consideration by the Department:

- Transmittal of the Memorandum of Agreement (MOA) for data sharing and testing from the PHPs to CINs/AMHs.
- Ability of AMH Tier 1 and 2 practices to ingest files from PHPs.
- The reclassification of AMH Tier 3 practices to Tier 2.

The Department indicated that it would take these topics into consideration for the internal testing teams and future AMH TAG and Data Subcommittee meetings.

Discuss Additional Data Topics (slides 18 – 23)

Mr. du Pont reviewed the Department's process to assess AMH data topics for further specification. In May, the Department utilized the CIN Tiger Team participants to review beneficiary assignment and encounter data and also ascertained what other data elements could potentially benefit from additional specification and/or standardization. Mr. du Pont then reviewed the following four data topics for consideration (**slide 19**):

- **Initial care needs screen results:** information collected to meet the federal requirement for an initial screening of a beneficiary's health and unmet health resource needs.
- **Comprehensive assessments results:** information collected as part of required comprehensive assessments to inform care management for priority populations.
- **Risk stratification scores:** results of risk stratification assessments for beneficiaries that fall into priority population categories.
- **Care plan information:** information on a beneficiary's plan of care that includes data from the initial care needs screen, claims analysis, risk scoring, comprehensive assessment and other sources.

Mr. du Pont noted that a number of PHPs and AMHs had provided information on their approaches to these four data types, and he encouraged the remaining PHPs and AMHs to share information with him via email (LduPont@manatt.com). Data Subcommittee Members did not come to a consensus on which data topic to address in future meetings. However, PHP members indicated that the initial care needs screen results and risk stratification scores could be opportune topics for standardization – PHP members stated that these topics could be addressed quickly with relatively low cost.

Members identified two other data topics for consideration as candidates for standardization: prior authorization information and admission, discharge, and transfer (ADT) data flows. The Department acknowledged these items and will revisit standardization of other data topics at later Data Subcommittee meetings after Managed Care Launch 1 in November. The Department requested that Data Subcommittee members continue to flag potential topics. The Department also stated that it would begin cataloging and examining the additional data topics identified by the Members.

Next Steps (slide 26)

Ms. Crosbie opened the floor to public comment (of which there was none), and Mr. du Pont highlighted the next steps (**slide 26**):

- Data Subcommittee members will share key takeaways with stakeholders and continue to assess opportunities to standardize other data topics.

- The Department will finalize and share pre-read materials for upcoming session of AMH TAG (September 18, 10:00 am – 1:00 pm).
- The Department will schedule upcoming session of Data Subcommittee (tentatively early October).
- The Department will update the process for communicating data specification guidance.
- The Department will continue cataloguing and examining data topics that have been identified as potential candidates for further specification and/or standardization.
- The Department will establish an open forum for PHP, CIN, and AMH testing partners to discuss data testing-related topics.

Members are encouraged to send any additional feedback or suggestions to Kelly Crosbie (Kelly.Crosbie@dhhs.nc.gov) of NC DHHS.

The meeting adjourned at 12:30 pm.